



SOCCER ASSOCIATION FOR YOUTH

HOLD HARMLESS STATEMENT

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (Zip Code)

Phone Number _____

Date of Birth _____ Boy _____ Girl _____

School _____ District: Kittyhawk

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT OR GAURDIAN SIGNATURE

_____ Date _____